

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Veu. No. \_\_\_\_\_

Bu. Vou. No. 90

U. S. Cost Reimbursable—

(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. 504

To \_\_\_\_\_

(Payee)

PAID BY

SATC 2228  
COPY 1 OF 3

(For use of Paying Office)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				16,019.	20 ✓
Use continuation sheet(s) if necessary							
Total						16,019.	20 ✓

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total 16,019.20 ✓

I certify that the above bill is correct and just and that payment therefor has not been received.

(Payee must NOT use this space)

STATINTL

(Sign original only)

STATINTL

Differences \_\_\_\_\_

Date 10-7-55

Account verified; correct for

(Signature or initials) JMS

16,019.20

Contract No. A101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Approved for \$ 16,019.20 STATINTL

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title Approving Officer

STATINTL

Date \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (For completion by Administrative Office)

Appropriation, limitation, or project symbol	Appropriation title				Limit'n. or Proj't. Amount	Appropriation Amount
Allotment symbol	Amount	Obligations liquidated	COST ACCOUNT		OBJECTIVE CLASSIFICATION	
			Symbol	Amount	Symbol	Amount

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ } on Treasurer of the United States in favor of payee named above.  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_  
(Sign original only)

Form prescribed by  
Comptroller General U. S.  
Department of the Interior  
Approved For Release 2000/04/12 : CIA-RDP80-0100040008-6

**CONTINUATION SHEET**

(Department, bureau, or establishment)

Sheet No. 1 of Bureau Voucher No. 90

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN-TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		<u>PAYROLL</u> <u>SYSTEM II</u>  Direct Labor Costs properly chargeable to Contract A101 for the period 9/26/55 thru 10/2/55.  Week Ending 10/2/55  Overhead computed at interim rate of [REDACTED]  STATINTL				STATINTL [REDACTED] 16,019.20	